

STORY COUNTY COMMUNITY SERVICES  
GENERAL ASSISTANCE APPLICATION

GA #: \_\_\_\_\_  
(Office use only)

Date of Application: \_\_\_\_\_ Adults 18 and over in household: \_\_\_\_\_

**WHAT KIND OF HELP DO YOU NEED?** Children under 18 in household: \_\_\_\_\_

☐ Rent: Current \$ \_\_\_\_\_ Past Due \$ \_\_\_\_\_ Utilities included? ☐ Yes ☐ No  
Late rent fees: \$ \_\_\_\_\_ ☐ Utilities: Current \$ \_\_\_\_\_ Past Due \$ \_\_\_\_\_  
☐ Deposit: Rent or Utilities ☐ Mental Health/Disability services  
☐ Medical/Hospital ☐ Medications ☐ Burial ☐ Other \_\_\_\_\_

Last Name	First Name	Middle	Sex M / F	Date of Birth
Maiden / Other names		Marital Status M / S / D / W		Name of Spouse
Soc. Sec. #		Email address		Telephone #

Are you a U.S. citizen? ☐ Yes ☐ No If No, are you a permanent resident? ☐ Yes ☐ No

Present Address: \_\_\_\_\_  
Street City State Zip County Move-in Date

Landlord Name: \_\_\_\_\_ Is your landlord a relative? ☐ Yes ☐ No

Previous Addresses: (This section **must** be completed.)

1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
Address	City	State	County	From	To

List All Members of the Household (include relatives, children in home on a full-time basis, roommates, etc.):

NAME	BIRTHDATE	RELATIONSHIP

Have you or your spouse served in the military on federal active duty? ☐ Yes ☐ No

Is anyone in the household a college student (university, community college, trade/technical school, online) ☐ Yes ☐ No

Is anyone in the household receiving food stamps? ☐ Yes; Amount \_\_\_\_\_ ☐ No, reason: \_\_\_\_\_

Is your rent based on your income? (Section 8, HUD, CIRHA, Student housing) ☐ Yes ☐ No

Are you receiving assistance from any other community agencies? ☐ Yes ☐ No Amount \_\_\_\_\_

Are you currently employed? ☐ Yes ☐ No Are other adult household members currently employed? ☐ Yes ☐ No

Has anyone in the household voluntarily quit a job or been fired in the last 90 days? ☐ Yes ☐ No

Does anyone in the household have a current Limited Benefit Plan (LBP) for DHS FIP benefits? ☐ Yes ☐ No

**Household net income (take home pay) for the last 30 days:**

	<b>Applicant</b>	<b>Others in Household</b>
Employment wages & tips	\$	\$
Assistance from family/friends	\$	\$
FIP	\$	\$
Social Security / SSDI / SSI	\$	\$
Veterans Benefits	\$	\$
Unemployment Benefits	\$	\$
Child Support / Alimony	\$	\$
Income Tax refund	\$	\$
Other (Dividends, Interest, etc.):	\$	\$
<b>Total monthly household net income</b>	\$	\$

**For the last 30 days, list any payments made on the following bills:**

Medical/mental health	Prescriptions	Child Support (if not already deducted from your check)
\$	\$	\$

**Resources (include amounts in whole dollars and location):**

<b>Resource</b>	<b>Applicant</b>	<b>Others in Household</b>	<b>Location</b>
Cash on hand	\$	\$	
Checking account	\$	\$	
Savings account	\$	\$	
Other (Stocks/Bonds/Trust funds):	\$	\$	

**Employment History (for applicant and other adult household members):**

	<b>Name</b>	<b>Employer</b>	<b>City</b>	<b>From: Month / Year</b>	<b>To: Month / Year</b>		
<b>Applicant:</b>							
<b>Applicant:</b>							
<b>Other adult in household:</b>							
<b>Other adult in household:</b>							

I certify that the above information is true and complete to the best of my knowledge, and I authorize Story County Community Services staff to check for verification of the information provided. I understand that the information gathered in this document is for the use of Story County establishing my eligibility for services requested.

\_\_\_\_\_  
Applicant's Signature (or Legal Guardian)

\_\_\_\_\_  
Date